

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34608

1. PLACE OF DEATH

County *St. Louis*
Township *Richmond Mo.*
City *Richmond Mo.* (No. *St. Mary Hosp.*)

Registration District No. *790*
Primary Registration District No. *6933*

File No.
Registered No. *306*
St. Ward)

2. FULL NAME

Sophia Halle
(a) Residence. No. *6632 Adams* St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Christian Halle*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 7 - 1848*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housewife*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Creve Coeur*
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *John Nicholas*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Mary Schelder*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

14. INFORMANT *Mrs E Niedertueckel*
(Address) *6632 Adams*

15. FILED *11-9-27* *J. B. Sudduth*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 8 1927*

17. I HEREBY CERTIFY, That I attended deceased from *10/25*, 19*27*, to *11/8*, 19*27*, and that I last saw him alive on *11/7*, 19*27*, and that death occurred, on the date stated above, at *11:15 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombo-embolism of the Arteries
(Popliteal Artery)
(duration) yrs. mos. da. *6*

CONTRIBUTORY *Arterio Sclerosis*
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED *Rome*
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DEATH? *Clinical Symptoms*
(Signed) *Chas P. Mottet*, M. D.

11/9, 19*27* (Address) *3903 Luau*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Peter's Cemetery* DATE OF BURIAL *Nov 11 1927*

20. UNDERTAKER *Bensick Nicholas* ADDRESS *1138 N. 6th*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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